

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 1	CASE NO.
--	--	-----------------

Friend of the Court address Telephone no.

Plaintiff	v	Defendant
-----------	----------	-----------

GENERAL INFORMATION

1. Your full name			2. Date of birth		3. Place of birth: City and State	
3. Address			City	State	Zip	4. Home telephone
5. Social security number			7. Driver license number			8. Work telephone
9. Sex <input type="checkbox"/> M <input type="checkbox"/> F	10. Eye color	11. Hair color	12. Height	13. Weight	14. Race	15. Scars, tatoos, etc.
16. Your father's full name			17. Your mother's full maiden name			
18. Names of all of your dependent children		Birthdate	Soc. Sec. No.	Address		
19. Are you or the other parent in this case pregnant?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete a. and b. below						
a. When is the child due?		b. Are the parties in this case the biological parents of the expected child?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

20. Full name			21. Date of birth		22. Place of birth: City and State	
23. Address			City	State	Zip	24. Home telephone
25. Social security number			26. Driver license number			27. Work telephone
28. Sex <input type="checkbox"/> M <input type="checkbox"/> F	29. Eye color	30. Hair color	31. Height	32. Weight	33. Race	34. Scars, tatoos, etc.
35. Father's full name			36. Mother's full maiden name			
37. Names of all the other parent's dependent children		Birthdate	Soc. Sec. No.	Address		